

Date
ORA No.

**Request is sent by:**

Name (First)	(M.I.)	(Last)	Email	ORG #
Project Title			PI Name	Project #

**Will the rebudgeting: (Check yes or no for each as applicable)**

Yes	No	Impair your ability to complete the project as approved by the sponsor?
Yes	No	Increase the total direct costs to the grant/contract?
Yes	No	Involve using funds for purposes disallowed as a condition of the award?
Yes	No	Change the scope or objectives of the project?

**REBUDGET WORKSHEET**

Fill in the current budget and amount rebudgeted columns.

Budget Category	Current Budget	Amount Rebudgeted (+ or -)	Revised Budget
Salaries			
Fringe			
Consultant			
Subcontract < \$25,000			
Subcontract > \$25,000			
Travel			
Supplies			
Equipment			
Tuition			
Other			
F&A (Indirect Costs)			
Total			

**Explain why funds are available to be moved from the budget category where they were originally budgeted.**

**Explain why this change is necessary and the impact on the approved scope of work.**

**APPROVAL**

**Rebudgeting request requires sponsor approval.**

No or I don't know (Sign and route form to GCA at GCA@ouhsc.edu)  
 Yes (sign and route form to ORA at HSCORA@ouhsc.edu)

Business Manager (Print Name) _____	(Signature) _____	Date _____
Parent PI (Print Name) _____	(Signature) _____	Date _____
Chair (Print Name) _____	(Signature) _____	Date _____